



FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	RTF-0014	Audit Name:	RTF ROV 20161020
Facility Name:	PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	Type:	L07 Investigation
Address:	601 GREGG AVE STE B	Start Date:	01 Nov 2018 08:45 AM
City/State/Zip:	FLORENCE, SC 29501-4316 Florence	End Date:	01 Nov 2018 03:15 PM
Phone 1:	843-667-0644	Inspector:	Erika Edwards
Email:	DANIEL.EICHELBERGER@UHSINC.COM		
Contact Name:	DANIEL EICHELBERGER		
Contact Email:	null		
Contact Phone:	843-667-0644		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency,</p> <p>(2) the actions taken to prevent similar recurrences, and</p> <p>(3) the actual or expected completion dates of those actions.</p>	POC REQUIRED

<p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>The Administrator submits an electronic plan of correction by visiting the website http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/ and following the instructions online.</p> <p>Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p> <p>Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The Plan of Correction (POC) is due 15 days from receipt of this Report of Visit (ROV).</i> 	
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Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	RTF Complaint Investigation
COMPL-01	Section Team Log Number: Comments <ul style="list-style-type: none"> <i>M10036-18</i> 	Section Team Log Number
COMPL-03	Reason for Investigation: Comments <ul style="list-style-type: none"> <i>A complaint (#M10036-18) was received by the Department's Bureau of Health Facilities Licensing on 10/22/18. The complaint alleged the following:</i> <p><i>(1). There has been several elopements at this facility.</i></p>	Reason for the Investigation.
COMPL-04	What is the Source:	Consumer Complaint
COMPL-10	Date Agency (DHEC) Notified: Comments <ul style="list-style-type: none"> <i>10/22/18</i> 	Date Agency (DHEC) Notified:
COMPL-05	Detailed Results of this Investigation: Comments <ul style="list-style-type: none"> <i>To investigate this complaint, an unannounced on-site visit was made to the facility by (2) representatives of the Department. The investigation consisted of the following:</i> <p><i>(1). A review of (8) resident medical and clinical records which included individual treatment</i></p>	Detailed Results

	<p><i>plans, history and physical examinations, observation forms, assessments, medication administration records, special precaution forms, physician's orders, and therapy notes.</i></p> <p><i>(2). A review of staffing documentation for the dates of October [REDACTED] f 2018.</i></p> <p><i>(3). A review of the facility's Staffing Ratios Policy, Resident Observation Policy, Elopement Precautions for PRTF's Policy, and Special Precautions Policy.</i></p> <p><i>(4). A review of accident/incident report forms for October 2018.</i></p> <p><i>(5). A review of police reports for multiple resident elopements.</i></p> <p><i>(6). An interview with the Administrator, Risk Manager, and Clinical Director.</i></p> <p><i>As a result of this investigation, the following violations of SC Code Ann (Supp. 2016) Regulations 61-103, Residential Treatment Facilities for Children and Adolescents, were cited.</i></p>	
COMPL98	Is this an Unlicensed Facility/Activity Complaint?	NO
COMPL-06	Has the Initial QI Review Been Completed?	NO
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	<p>Are there any other individuals accompanying the auditor for this visit?</p> <p>Comments</p> <ul style="list-style-type: none"> <i>Rochelle Harvey, RN, Lynn Ceasar</i> 	YES

RTF Regulation Sections 100 - 400

Question ID	Question	Answer
R-61-103-400.A	<p>400.A. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Each facility shall have a clear written statement of its purpose and objectives. This policy shall include a specifically delineated description of the services the facility offers, in order to provide a frame of reference for judging the various aspects of the program. The policy shall also include: (Class II Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The facility did not implement the following policies:</i> <p><i>(1). Staffing Ratios Policy #CS042: Procedure 4. Additional staff shall be available in the facility on all shifts to supplement the staff-to-client ratio, to provide immediate assistance in case of an emergency and to periodically check on the status of the residents.</i></p> <p><i>An incident report [REDACTED] documented that Resident A eloped from the facility. Staff member A documented that Resident A walked off the Moultrie unit at approximately 2:30pm. Staff member A and Staff member B who were assigned to the Moultrie unit pursued Resident A through the Edisto unit stairwell door. Two staff members were left on the Moultrie unit. Staff member A called a code for additional staff while in pursuit of Resident A, and called a code legs once Resident A exited the stairwell delayed egress door at the end of the Edisto Unit. While in the stairwell Staff members A & B were unable to restrain Resident A or prevent him/her from exiting the building. Resident A was later found by the Police threatening to jump off a railroad track/bridge.</i></p> <p><i>Additional staff were not available to provide immediate assistance during this emergency situation nor supplement the staff-to client ratio while Staff A abd B were away from their assigned unit.</i></p> <p><i>(2). Special Precautions Policy: Procedure 4.0: The Registered Nurse (RN) or Therapist should address the status of the resident on special precautions in the nursing re-assessment and special precautions form documented every 24 hours. During the following incident, there was not a documented special precautions/re-assessment form</i></p>	OUT (Repeat)

completed every 24 hours: Physician's orders dated [REDACTED] documented that Resident A was placed on suicide/self harm/elopement precautions with 5 minute checks for 72 hours following an elopement on [REDACTED]. A re-assessment form was not completed every 24 hours until the special precautions were discontinued.

(3). Resident Observation Policy: Procedure c. Observe each resident, a minimum of every 15 minutes and/or according to precaution level and document observation on the resident observation form. On Resident A's observation form dated [REDACTED] staff did not document that 15 minute checks were completed from 9am to 10am.

(4). Hand off Procedure b. Both staff will initial Resident Observation Rounds form at shift change to indicate the completion of hand off procedure. Staff did not initial Resident B's Q5 observation form dated [REDACTED] during hand off at 8:20am.

RTF Regulation Sections 500 -1300

Question ID	Question	Answer
R-61-103-901.C	<p>901.C. The facility shall render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions. The facility shall assist in activities of daily living as needed and appropriate. Each facility is required to provide only those activities of daily living and only to the levels specifically designated in the written agreement between the resident, and/or his or her responsible party or guardian, and the facility. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <p>The facility staff did not render care and services in accordance with physician's orders.</p> <p>Resident A had a physician's order dated [REDACTED] to place resident on suicide/self-harm/elopement precautions (Q5) every 5 minute checks for 72 hours. The observation form dated [REDACTED] did not document Q5 checks from 1605 through 1640.</p> <p>Resident B had a Physician's order dated [REDACTED] to place resident on elopement precautions and Q5 checks for 72 hours. The observation form dated [REDACTED] did not document Q5 checks from 8:20am to 8:25am.</p> 	OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

RTF-0014

Facility Type:

HL- Residential Treatment for Children & Adolescents

Facility Name:

PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER

Inspection Date:

11/01/2018

Submission Date:

11/12/2018

Type of Inspection:

Investigation

ADMINISTRATOR'S CERTIFICATION

By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Checked

Administrator Name:

Daniel J. Eichelberger

E-mail:

daniel.eichelberger@uhsinc.com

Phone:

(843) 667-0644

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
400.A.	Yes	11/16/2018
Corrective Action: An internal investigation of the incident was conducted, as a result of the investigation the following corrective action was implemented. The staff involved in the incident were provided additional coaching/training on responding to residents in crisis. Additionally the staff responsible for documenting precaution assessments was provided coaching/training on the procedure for documenting precautions.		
Preventive Action: The incident was investigated by the facility and reviewed with staff. The clinical, nursing, and residential departments were provided feedback regarding documentation of precautions, and response during a crisis. The facility will implement a review of supporting documentation when resident is placed on precautions to ensure accuracy.		
Optional Comments:		
Response Approved: Yes		

Section: Was Completion Date Provided? Completion Date (Actual or Expected):

901.C. Yes 11/16/2018

Corrective Action:

The facility conducted a full audit of all resident observation forms to ensure accuracy. Additionally, the staff responsible for the incomplete documentation cited have been trained on proper completion of observation forms.

Preventive Action:

The director of Residential Services will ensure all observations forms are completed accurately before the end of the shift and all documentation is accurate before being filed in the residents' charts.

Optional Comments:**Response Approved:**

Yes

LOG INFORMATION SECTION

Report of Visit Delivery Date:**Plan of Correction Due Date:****Date Plan of Correction was Reviewed:**

11/16/2018

Reviewed by:

AS

Comments:**Plan of Correction Approved:**

Yes

Decision By:

AS

Decision Date:

11/16/2018

Remove POC:

UPLOAD DOCUMENTS

File Upload**Plan of Correction Log Number:**

MPC11022-18

DHEC Form 0284 (05/2014)